



# CAPITAL SCALE

Box 2021  
Bismarck, North Dakota 58502-2021  
(701) 255-1556

Invoice Number

Operator No.	Date 3/18/14	Date Last Tested (P&S Only)	Check All That Apply	
Name of Business Brenntag Pacific			<input type="checkbox"/> Self-Certification <input type="checkbox"/> Non-Commercial <input type="checkbox"/> Equipment Repair <input type="checkbox"/> New Installation <input checked="" type="checkbox"/> Routine Service <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Rejected Equipment   Tag #(Attach) _____ <input checked="" type="checkbox"/> Service Contract?   Expires _____	
Location of Device				
Mailing Address				
City Dickinson	State ND	Zip Code	Variance Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Variance 10-28-13
County	Telephone Number	PSC Device Code JVS	Quantity (of like devices) only	

Make(s) Toledo	Regulating Element(s) IND560	Serial Number(s) 8213818658	Lever System FLC (10)
No. of Sections 5	<input type="checkbox"/> Monorail/Track <input type="checkbox"/> MTD <input type="checkbox"/> Hopper <input type="checkbox"/> Livestock <input type="checkbox"/> Platform <input type="checkbox"/> Axle Load <input type="checkbox"/> Aux. Beam <input checked="" type="checkbox"/> BMT <input type="checkbox"/> Hanging <input type="checkbox"/> Counter Scale <input type="checkbox"/> Dormant/Deck <input type="checkbox"/> Other	Multiple _____	Pit Depth 4
Capacity & Min. Grad. 200000 x 20#	Class III L	Size of Platform 80x10	Approaches (Length/Condition) have variance
Printer Model TM-4295	Printer Serial Number J9KFO92604	Wind 0	Temperature 35°
SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = _____ lb.   LOADED = _____ lb.		Motion Detection Range = 60 lb.	AZSM (auto zero) Range = 60 lb.

Device/ Load Position	Amount of Test Equipment Used	Actual Readings		Device/ Load Position	Amount of Test Equipment Used	Actual Readings			
		As Found	As Left			As Found	As Left		
LTP 1	8000#		0	Sec 1	16000#		0		
2			0	2			0		
3			0	3			0		
4			0	4			0		
5			0	5		BL	0	0	
6			0						
7			0						
8			0			TRUCK 1	44000#		20#
9			0						
10			0						
BL		8		0		BL 5	0		0

<b>STRAIN LOAD TEST</b>				Section # 2	Section #	Section #	Section #
Empty Truck Weight				28660			
Total Test Weight Added				20000			
Truck Plus Weights				44660			
Error on Added Test Weights							

I hereby declare the statements made here are correct:

Are there any other jurisdictional devices at this location that require testing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	REMARKS & ADJUSTMENTS MADE
HAS SECURITY SEAL AND STICKER BEEN APPLIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected   Service Agency (Print) Capital Scale	
Inspector/Permit Holder Signature <i>[Signature]</i> Permit No. 167D	
Owner - Operator Signature <i>[Signature]</i>	

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Test report  
Capital Scale